

Case Number:	CM14-0039044		
Date Assigned:	06/27/2014	Date of Injury:	05/12/2009
Decision Date:	08/18/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 53-year-old male with a date of injury of 05/12/2009. The listed diagnosis is lumbago. According to progress report 02/05/2014, the patient presents with constant low back pain that radiates to the left lower extremity with numbness and tingling. The patient reports he recently had a flareup of pain. The the physician is concerned of patient's significant pain with neurological deficits in the left lower extremity. Examination of the lumbar spine revealed tenderness from mid to distal lumbar segments, pain with terminal motion, a positive seated nerve root test, dysesthesia at L5-S1 dermatomes, and weakness of the ankles and toes. Report 03/12/2014 indicates the patient continues with lower back pain with lower extremity numbness and weakness. The the physician would like patient to undergo an EMG/NCS of the bilateral lower extremities. A utilization review denied the request on 03/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 EMG/NCS of the BLE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: This patient presents with continued low back pain that radiates to the left lower extremity with numbness and tingling. The treating is recommending and EMG/NCS of the bilateral lower extremity due to patient's significant pain with neurological deficits. Utilization review denied the request stating patient's examination findings show clinical evidence of radiculopathy and electromyography is recommended as an option to obtain unequivocal evidence of radiculopathy. ACOEM guidelines page 303 states, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." ODG guidelines have the following regarding EMG studies, "EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The medical file indicates the patient has not yet had an EMG/NCS. In this case, the patient has radiating pain and positive nerve root test. An EMG/NCV of the lower extremity appears reasonable and consistent with ACOEM. Recommendation is for authorization.